

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5479

CERTIFICATE OF DEATH

15 AGE OF DEATH 56 AND 98 JAL RESIDENCE 0202		BIRTH NO.		1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma		REGISTRAR'S NO. 128	
		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Yuma, rural		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) Life		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Gadsden			
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Yuma Gen Hosp Ave B Valley		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural					
		3. NAME OF DECEASED (TYPE OR PRINT) Abelardo A. Noriega		4. SEX Male		5. COLOR OR RACE White			
DECEDENT PERSONAL DATA 166 954		6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH Dec YEAR 1988		8. AGE YEARS 66 MONTHS 9 DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer	
		9B. KIND OF BUSINESS OR INDUSTRY Farm		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) No	
		14A. FATHER'S NAME Juan Noriega		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Dolores Aguirre		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
		16. INFORMANT'S SIGNATURE D. Mendez		ADDRESS Dolores Mendez, Gadsden, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept 19 1954			
CAUSE OF DEATH (ITEM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Brain Injury, Traumatic amputation right leg, Compound fracture left leg DUE TO (b) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS		Interval between ONSET AND DEATH 38 hours, 30 min.			
		19A. DATE OF OPERATION Sept. 18, 1954		19B. MAJOR FINDINGS OF OPERATION Suppurative Urinary Bladder contents (Supra pubic Cystostomy)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PERATIONS, AUTOPSY		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE-BLOG., ETC.) Street		21C. (CITY OR TOWN) Rural - near Gadsden		(COUNTY) (STATE) Yuma Ariz.	
DEATH DUE TO		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Sept. 17 1954 6:30 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hit by automobile			
EXTERNAL VIOLENCE		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-17 1954 TO 9-19 1954. THAT I LAST SAW THE DECEASED ALIVE ON 9-19 1954, AND THAT DEATH OCCURRED AT 9:24 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE R. A. Stallion M.D.		23B. ADDRESS 10 W. 3rd St., Yuma, Ariz.		23C. DATE SIGNED 9-22-54	
MEDICAL CORONER'S RTIFICATION		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE 9-24-54		24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
FUNERAL DIRECTOR AND REGISTRAR		25A. DATE REC'D BY LOCAL REG. 9-23-54		25B. REGISTRAR'S SIGNATURE Bernice L. Smith Deputy Registrar		26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary, Inc. Box 310 Yuma, Arizona		27. EMBALMER'S SIGNATURE R.E. Johnson CERT. NO. 246A	